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ORIGINAL ARTICLES.

AFTER THE OPERATIION.

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THE hopelessness of an attempt to present any novel features of gynæcologic surgery before this society is apparent. Consequently I shall merely endeavor to call renewed attention to some of the details of the post-operative care of abdominal cases. In doing so I can hardly avoid mentioning some of the complications which may be avoided by proper preliminary treatment.

The proper use of a homœopathic remedy for one to three weeks prior to the operation is of the very greatest benefit. In this connection I hardly need to call attention to the deep acting remedies for the dyscrasia of the patient. I can only mention the prevalent use of strychnine to condemn it. Many patients receive strychnine for days before an operation with the idea of "toning them up." Their overworked nervous centers are further exhausted thereby, and they are in far less satisfactory condition for the operation than they would otherwise have been. On the contrary, homœopathic remedies produce marked and permanent results which do make a great difference in the post-operative care.

A comparatively common condition, which is little recognized, is that of acidosis, or more broadly, a diminished alkalinity of the blood. We have all seen fatal results, or, at the best, prolonged convalescence following some comparatively minor operation, replacement of the uterus, removal of an appendix, ovarectomy or similar procedure. In many such cases careful preliminary examination of the patient will disclose that she has an abnormal dread of the operation, and seems to be terror stricken to an unaccountable degree. She may suffer from tachycardia and a tendency to dyspnœa. She complains of frequent headaches of the so-called lithæmic type, perhaps vertigo, and especially unaccountable nausea and great mental depression. Her extreme and peculiar nervousness has been sufficient to cause her family some anxiety as to her mental state, and she probably has received diagnoses of neurasthenia from many different physicians. A complete urinalysis will disclose the fact that this patient's urine is loaded with acetone and perhaps with diacetic and beta-oxybutyric acids. For practical purposes the estimation of the total acidity of the urine by means of the Harrower acidometer is quick, as easy as feeling the pulse and all sufficient. If the total acidity is above 50° the condition of acidosis may be strongly suspected. When such an individual is operated we find that large quantities of anæsthetics are required, that she does not tolerate it well, and we must expect that the convalescence will be prolonged and stormy. All of the normal symptoms are greatly exaggerated, especially nausea. She suffers from an unusual degree of prolonged shock. She is extremely nervous; sleep or rest is largely impossible, although a semi-conscious condition may supervene—a rapid and irregular heart action is not at all uncommon. She rapidly fails, and may die from acidosis instead of from real shock, as is commonly supposed. This condition is, of course, due to some perversion of metabolism which is not as yet entirely understood. Provided the surgeon sees his patient long enough in advance, as he should, it is comparatively simple to obviate all this by proper diet, proper hygiene, and especially the indicated remedy. Only too often we are obliged to operate upon patients of whom we know little. Their attending physician has probably made a urinalysis, which consists of an examination for sugar and albumen. He assures us the urine is all right. We see the patient one day and operate upon her the next. Under such circumstances proper examination of the urine should always be made. If not an emergency the operation should be delayed one or two days. The patient should be given cereals with lactose, alkaline waters, preferably carbonated, and sufficient (3-5 drams daily) sodium citrate or sodium bicarbonate to keep the urine neutral of very slightly acid. Provided this patient has unwittingly been operated upon without recognizing the condition, and where a vast amount of post-operative trouble has supervened, the free use of normal salt solution per rectum with the addition of sodium bicarbonate, one ounce to the quart, will be most efficacious. At the same time the stomach may be washed out with a solution of sodium bicarbonate, two ounces to the quart. This procedure will save many patients who are dying of an unexplainable shock, and will conduct many a nerve-racking case to a smooth and satisfactory recovery.

To the patient the two most distressing post-operative troubles are thirst and gas pains. The first can be somewhat alleviated by the persistent use of large quantitise of water prior to the operation. Such water drinking not only makes the patient more comfortable after the operation, but dilutes the toxins which are circulating in the body fluids, stimuates kidney elimination and really washes the blood. Gas pains due to temporary paralysis of peristalsis from handling the viscera will be taken up later. Those due to the fermentation of foods in the intestines can well be thought of prior to the operation. Such gas pains can be limited by a carefully selected diet, consisting of easily digested foods, which leave very little residue in the bowels, and the elimination of fruit juices and of tarchy, bulky foods from the diet. Thorough evacuation of the bowels, each day prior to the operation, is of great importance in this regard. If such movements can be secured by enemata so much the better, if not, good results are obtained from the use of the neutral mineral Russian oil. This oil acts in a purely mechanical manner, produces no irritation of the intestinal tract and no drug effect. I am not advocating extreme catharsis, merely thorough, easy evacuation.

In these days of ready surgical interference every little town boasts a surgeon or pseudo-surgeon, and patients are oftentimes disappointed in the results obtained. Consequently surgery has unjustly fallen into disrepute in some localities, not through the imperfections of the art, but through the frailties of the artists. Therefore, it seems to me of prime importance to state to the patient, prior to the operation, just what results she may expect, and to warn her of the discomforts that she may have afterward. An operation is successful not if the patient lives, not if she gets the very best results possible under the circumstances, but only if she receives the results she has been promised.

No one of us would regard personal surgery with pleasurable anticipation. How much harder is it for a patient to reconcile herself to it? But having acquiesced, she at once expects immediate cure. This is human nature. Of course, this is impossible, as must be made clear to her if disappointments are to be avoided. An illustration which I frequently use is that of the sliver in the finger. A sliver enters the finger. It pains. The patient receives painful impressions all along the arm. The sliver is removed. The pain does not stop, and it will perhaps be several days before the soreness is gone. I cite this illustration and remind them that their condition has caused trouble for a number of years, and that they must not expect the operation itself to promptly relieve all such discomfort; that their nervous impressions will still persist for a period of months. I warn them that the effect of the operation will be recovered from in about one month, but that the results which they have been led to expect, and which they will receive, will not become apparent in less than a year. I also assure them that their operation, so far as I can foresee, will produce the very best of results. That if I expected them to die I would not consider operating on them for a moment, and I often place it on a plain business basis, saying that it would not be good advertising for me to operate on any patient whose recovery was doubtful or who was not going to receive perfect results.

I also assure them that whatever is necessary will be done at the time of the operation, and that nothing unnecessary will be done. Many patients suffer from the fear of radical surgery. This fear, I think, has a very sound basis, in fact. In the present steel age of surgery with the furor operativus which has persisted for a number of years, many unnecessary operations have unquestionably been made. The result has been to alarm all classes of people, and surgery to-day is to be approached with far more caution than it was even ten years ago. I outline to the patient the condition that she is in, the reason why it is causing her symptoms, and the results which may reasonably be expected. In this way the patient approaches the operation firmly convinced that it is the only thing which will relieve her; firmly convinced that I have been absolutely truthful in every respect, and, therefore, with a most thorough confidence in whatever procedure may be adopted. She goes to the hospital in the best possible frame of mind. The nurse is particularly cautioned to say nothing which will be considered deception. Everything is to be frank and open between the patient, the nurse and the physician.

Just prior to the operation I see the patient for the last time myself. I say to her, "I have never lied to you yet. When you recover from this anæsthetic you will feel very differently than you ever have with a medical sickness. You probably will be somewhat alarmed about your condition, and when I say to you that you are all right you may firmly believe it." The patient then goes to her anæsthetic with the final suggestion that when she hears the words, "You are all right," she need have no alarm. I find this suggestion is carried throughout the anæsthetic, and that when the patient reacts those words are eagerly anticipated, and that when they are said she becomes calmer at once.

The use of morphine, morphine and atropine, or morphine and scopolamne s left entirely to the anæsthetist. While such use of morphine is not considered homœopathic, I am sure it is just as homœopathic as the use of chloroform or ether, the only difference being that one is a fixed anæsthetic and the other a volatile one. If the anæsthetist prefers a quarter of morphine before the operation I have no objectjion to it; in

fact, I prefer it in the average case. If my anæsthetist is unskilled I do not wish morphine given, for I fear the addition of a fixed and long acting anæsthetic to a volatile one. Resuscitation from morphine and ether is much more difficult than from ether alone.

When the work for which the operation was undertaken has been completed the other areas which are commonly affected are carefully examined. In this way disappointments to the patient are obviated. No work which should be done is overlooked. How many times do appendectomy cases have to be re-operated on for cholecystitis or pericolonic adhesions with what disappointments upon the part of the patient. Therefore, the patient can be truthfuly assured that all work necessary has been done, and that results will be of the very best.

Immediately following the operation there are three complications which we always dread: Hæmorrhage, shock and overwhelming with toxins. So far as the first is concerned it has always been my contention that with proper care in performing the operation a post-operative hæmorrhage should be of very rare occurrence, except in septic cases where secondary hæmorrhage due to sloughing of a vessel wall occurs.

So far as the other two conditions are concerned their treatment is practically identical. The treatment of shock is to prevent it. The shock should be treated before it occurs. It is my custom to unconsciously, perhaps, divide post-operative treatment into two phases: That immediately following the operation and that following within several days. The first part of this treatment is that stage in which the patient is reacting to a serious injury. As such it seems to me that heroic measures are perfectly justifiable. We do not hesitate to use chloroform or ether; neither should we hesitate to use morphine in these cases. It is my routine practice—if we can ever say routine—to have the patient receive one pint of normal salt solution per rectum every hour after they leave the operating table until they have retained at least two quarts. If the condition of acidosis is present, as above mentioned, one ounce of sodium bicarbonate is added to each quart of this solution. As soon as the patient reacts thoroughly from the anæsthetic a quarter of a grain of morphine is given hypodermatically if she has not received it before the operation; if she has already had it an eighth is given. This is not to limit pain but simply to prevent the over-exhaustion of nerve centers with the attendant shock. In very severe or septic cases continuous saline proctoclysis is given for hours if need be. My experience with this morphine and saline preventive treatment has been most pleasing.

If the condition of shock does supervene I am in the habit of placing sole dependence upon camphor, three grains hypodermatically administered every fifteen minutes to one-half hour until reaction takes place, at the same time using quantities of saline by hypodermoclysis intravenously or per rectum.

Unless work has been done upon the intestine I am in the habit of combining one-fiftieth of a grain of physostigmine with the first morphine given after the operation. This vastly stimulates the circular muscle fibres of the intestine and overcomes the inhibitory influence which rough handling of the viscera has probably occasioned. In this way we not only avoid much paralytic ileus commonly present after operation, but by early stimulation of peristalsis avoid the formation of extensive adhesions. This dose may be repeated every hour for two or three doses where it is desirable to set up active peristalsis. It also overcomes the paralytic effect of the morphine.

As soon as consciousness has been regained and before the morphine is given if the patient's condition at all warrants it, I tell her that she is absolutely all right. The nurse is instructed to give one-eighth grain of morphine whenever it is required during the next twelve hours, not to exceed two doses altogther, so that the total morphine received by the patient is one-half grain within the first twenty-four hours after the operation. This is all the morphine or other active drug which the patient ordinarily receives. In my opinion many cases of death from so-called shock are in reality due to an overwhelming of the vital centers of an accumulation of toxin. In many cases the autogenous toxins have not been properly eliminated first. We add to these the anæsthetic and those endogenous poisons due to injury of the tissues of which fibrin ferment absorbed from the peritoneal cavity is an example. The total effect is to so overload the eliminating organs that the nerve centers are paralyzed and unable to react properly. This, I think, explains in a great many cases the efficiency of saline in the treatment of shock. In my own experience adrenalin, strychnine and the other physiological remedies in this condition have been entirely disappointing.

As soon as this period has passed the second stage of convalescence begins in which no more physiological drugs are given, but in which the indicated remedy is carefully prescribed. It would be very presumptuous for me to attempt to review the remedies before this section, and I am sure it will be totally unnecessary for me to even mention them. Among cathartics here again the neutral Russian oil is used with the very greatest success. It is at this stage of convalescence that the much abused urotropin or similar supposed urinary antiseptics are so greatly misused, and it is also at this stage that no more brilliant results can be produced than by the properly indicated remedy. I do not wish to decry the use of a real urinary antiseptic where it is necessary, that is where there is an

actual infection in the urinary tract, and I think it has been definitely proven that urotropin does liberate formaldehyde in the urine, that is, if it is acid. Therefore, the use of urotropin is perfectly justifiable in cases of actual infection, but very, very few of our patients do have an actual bladder infection. They may have a traumatic cystitis or more probably a traumatic urethritis from over catheterization or improper use of the catheter, and they very, very frequently have an irritation of the bladder due to trauma to the cellular tissue between the bladder and vagina or bladder and uterus. In these cases the use of any physiological drug is certainly contra-indicated. Belladonna, Cantharis, Mercurius corrosivus and Arsenicum have been perhaps more commonly indicated in my experience than the other remedies. However, a careful study of the case and a prescription on the totality of the symptoms will produce truly marvelous results without the danger of severe irritation which so often attends the indiscriminate use of the so-called urinary antiseptics.

During the first day or two the patient's position is frequently changed in order to prevent venous and lymphatic stasis, ileus and the formation of adhesions. In those rare cases where raw surfaces have unavoidably been left in the pelvis the hips are elevated to the point of toleration for thirty-six to forty-eight hours, so that the small bowel may be kept out of the pelvis and non-adherent.

No mention has been made here of many of the details of after care, for they are common to all operators.

When the period of hospital convalescence is complete the patient only too often passes from under the care or, at least, the immediate attention of the surgeon. At this time the cure has but just commenced, and it seems most unfortunate that patients are so seldom helped to complete results. We often forget that what seems simple, trivial or even ridiculous to us may occasion the patient the greatest alarm. After she passes from our care she is surrounded by well-intentioned friends who all have had, or know of some one who has had, an operation just like hers, and her social intercourse becomes one long "organ recital." She has, it is true, the family physician to allay her groundless fears or warn her when real danger threatens. But he is generally not skilled in surgical after care, and many times is himself apprehensive of results; and, although he handles the case most tactfully, his surgical opinion does not carry the weight that the surgeon's does. Therefore, just before leaving the hospital each patient is given a plain worded little lecture, somewhat as follows: "Now, you are going home in the very best of condition; you have made a splendid recovery thus far, and there is no reason why it should not continue. This will probably be the last opportunity I shall have to explain some things to you. You have had a serious operation. That it was badly needed we all knew before it was done. Our findings at the time more than substantiated our previous diagnosis. However, it is over and you cannot fail to receive the best of results. While your abdomen was open we inspected all your other organs and found them normal, or corrected them, as the case may be. Therefore, you are now in no danger of needing another operation. In fact, there is less chance of your needing another than there is of a patient who has never been operated, for we know that you have not even the earliest sign of farther trouble. While your results are bound to be good the rapidity with which you receive them will largely depend upon yourself. If you had been injured in an accident you would hardly expect to be entirely free from pain in two or three weeks. Neither must you from this operation. As you exercise more and more you will have many pains and aches, some of them due to the irritation of sensitive nerves which have been injured, and some due to the renewed use of muscles which have become flabby during your stay in bed."

In case of ligament shortening or excision operation or perineal work attention is called to the bearing down feeling which will come after the patient is on her feet, and assurance is given that it is merely due to the pull upon those structures which are still unused to their supporting function.

"When you go home your friends will all have different opinions and advice to offer and different stories to tell you. Their intention will be the very best. The effect upon you will be the worst. Especially irritating will be the individual who had an operation just like yours—which probably was totally different—and has never been well since. Perhaps her operation was not a success, due to a hopeless condition or incomplete work. Perhaps she is a patient who enjoys ill health. There are many nervous patients who always have the worst diseases, the most terrible operations and neither can nor will be well. From my observation of you here I know that you are not one of these, and I do not wish you to suffer because of them. Also remember that we all date symptoms, as well as other happenings, from some important event in our lives, and the patient who tells you that she has had this or that disagreeable symptom ever since her operation probably had it before as well. You have just passed through a necessary but very unpleasant experience. My advice to you is to forget it in all its details as soon as possible and to gently refuse to discuss the operation or hospital incidents with your friends. Some things which you should understand especially are your menstruation, bladder symptoms, irritation of the scar, drawing pains in the abdo-

men, adhesions and a period of depression which will come. Menstruation is often irregular, both in time and in amount, in many cases from two to six months after any pelvic operation, and should cause you no alarm. It will be wise to report it to your family physician that he may judge of the condition."

After most pelvic operations, especially uterine replacement or hysterectomy, bladder symptoms are frequently the source of much discomfort so soon as the patient assumes the upright position. Many times the diagnosis of inflammation of the bladder is made and irrigations given for a simple pressure irritation.

"If your arm had been in splints for six weeks motion or the natural carrying position would be very painful for several days after their removal. The readjustment of your long diseased pelvic organs to their normal condition will cause some discomfort in the same way. The frequent and burning urination will pass away gradually as you become accustomed to the normal again. The severed nerves in your abdominal incision will grow into the scar tissue slowly and will cause much itching. This simply means the completion of the healing process. Where the abdomen is closed with a tier suture of chromic gut a very small blister often forms four to six weeks after the operation along the incision over a knot. This will either open and discharge a cloudy serum or will gradually disappear. It is of no importance and demands no treatment. Adhesions are much talked of and are unquestionably the cause of many troubles. Every operation is followed by some slight adhesions which serve the same purpose within the abdomen as the dressing which we applied on the outside did there. These alhesions disappear in a few months and need occasion no alarm whatever. These adhesions which cause trouble are due to infection in the abdominal cavity; are dense and inelastic. We very rarely hear of adhesions causing trouble after a clean, properly performed operation such as yours. Don't mistake every drawing pain for them, and remember that there is practically no chance for them in your case. All patients have a period of depression following their return to active life. During your convalescence you have had a good rest and will feel greatly benefited. As soon as you resume your usual duties you will find that you tire very easily, are nervous and seem to be steadily losing ground. You may regret having the operation. Since this is due to exhaustion of the strength gained temporarily following your period of rest it is not to be wondered at. Do a little more each day and you will soon be gaining, permanently. The night when no outside impressions reach you, will be the time when your attention will be centered most upon your own troubles. You will be worse at night. For a month or two I would recommend a short nap during the middle of the day, if it does not interfere with the night's rest. Your diet from now on should be as you have been accustomed to. Don't think that a special diet is necessary. It is not."

In double ovarectomy the symptoms and progress of the surgical menopause are mentioned, and the patient is assured that, although it is disagreeable, it is only what she would experience at a later date any how. In this connection I cannot refrain from voicing my gratitude to Homœopathy for its success in caring for this distressing symptom complex.

Each constipated case is individually prescribed for and a daily regimen provided. Those cases demanding binders or other supporters are told why; those not needing them are also told why, lest some friend had a more careful physician who made her wear one. Each case, of course, should receive definite instructions about riding and other forms of active exercise as indicated in the individual.

At the risk of proving tiresome I have taken up all these points, not because I expect them to be new to any of you, but because they are such minor matters to us compared to the diagnosis and operation that I fear we—by not talking them over with the patient—ofttimes inflict much unnecessary mental suffering and earn ourselves the reputation of not caring about a patient after the operation is over. I feel that we of the homœopathic school, with our early training, not against surgery, but against unnecessary surgery, are fitted to be especially careful in our conduct of such cases. That surgery is the only cure in some cases we all admit. That it is accepted by the patient only at the expense of many anxious hours and many heart-breaking farewells, we often forget. That their results must make up for this anxiety in order to place surgery and the surgeon on a basis of firm appreciation is only self-evident. While not an extremist I firmly believe that most careful consideration of the mental effect, both before and after the operation, is of the utmost importance.

Perhaps I may be censured for "talking too much to the patient," or for implanting suggestions of future troubles of which they may fortunately remain blissfully ignorant. Medicine as a profession, it seems to me, is rapidly changing. Mysticism and secretiveness are as great anachronisms as the doctor's gig, silk hat and gold-headed cane. That it would be impossible to handle an ignorant patient in this manner, I grant, but those who are not ignorant appreciate our confidence and the more readily lend they co-operation to our efforts.

Of course, this method has to be modified to suit individual requirements and different types of operation. The one point which seems most important is to be absolutely truthful in our

statements and to explain the "little things" which may so needlessly alarm the patient.

If I shall have succeeded in bringing out the many different ideas of after care, both medical and psychic, which you all have, I shall be amply justified in my consumption of your time and patience.

ARTERIOSCLEROSIS.

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WHAT I have to say in reference to arteriosclerosis will be confined almost entirely to the homœopathic treatment, passing etiology and other factors with little comment.

Practically all statements I shall make are based upon results obtained from cases which have been under my own personal observation. If those who hear me do not agree, it will be because their experiences have been different from mine.

Let us recall the official definition which has been adopted by the American Institute of Homœopathy: "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similars; all that pertains to the great field of medical learning is his by tradition, by right, by inheritance." Since we have a right to pass judgment upn, and even to try any treatment, let us see what can be accomplished in hardened arteries by allopathic medication.

Practically the only drug for which any curative results are claimed is the Iodide of Potash and many of the leading exponents of empirical medicine do not claim much for this. It cannot be denied but that in some cases a slight amount of benefit may be obtained from the use of this agent, but such benefit is only temporary in character. Recent experimentation has shown that large doses of the Iodides produce a certain amount of dilatation of the smaller arteries and this is largely accountable for any amelioration of the symptoms of arteriosclerosis following the use of the Iodide of Potash. Furthermore, a large percentage of cases presenting sclerotic arteries give a history of syphilis and it is quite possible that any benefit which is obtained from Potassium iodide is due to the effect of the medicine upon the syphilitic process rather than because of any elective affinity which the drug has for arterial tissue.

Strumpell says, concerning the therapy of arteriosclerosis: "There is little direct influence upon the arteriosclerotic process to be expected from drugs." Since Allopathy can do so little in the curative treatment of the condition we are discussing, it remains to be seen what can be accomplished by homœopathic medication, and I believe in view of the results which have been obtained by homœopathic prescribing that he who confines his therapy solely to empirical medicine will find considerable to "add to his knowledge of medicine."

The first place, I believe, that sclerotic arteries, if not in a stage of too far advancement, can be cured provided the patient will submit for a long time to appropriate treatment. I believe this to be true because I have seen it done. From a clinical standpoint I divide cases of arteriosclerosis into two general classes. First, there is the type of case which is usualy found in patients anywhere from forty to fifty years of age. This type of individual is just beginning to experience general symptoms of feeling unwell. He feels "below par," as many of them express it, and after a time consults a physician. His blood pressure is found to be about 140 or 150 and his radial pulse is somewhat difficult to shut off by digital compression. He may have transitory spells of dizziness, and crampy sensations in the muscles and pains along the course of the nerves of the arms and legs. Upon examination the heart is not hypertrophied and the kidneys have undergone no pathological changes. This is the type of patient who may be cured by homœopathic treatment. I could cite several cases showing that this may be done.

Concerning the remedies to be employed in this stage of the disease I would put Baryta muriatica at the head of the list; by this I mean that it is usually the one which is indicated and the following symptoms are reliable indications for the use of this remedy: headache, more or less severe, worse at night when lying down; dizziness; threatened apoplexy, with buzzing and ringing in the ears; it is said to correspond well to pulmonary arteriosclerosis. Baryta muriatica has produced all the pathological tissue changes of sclerotic arteries when it has been given to animals. As a general rule, the blood pressure in a case calling for this remedy is not high and the heart and kidneys are functionating normally. These later statements may be regarded as negative indications for the use of the remedy, but it is important to understand them, for, if they are present, another remedy will be indicated. Baryta muriatica must be prescribed for a long time and it acts well in the 3x potency.

Another remedy which acts curatively in this first class of cases is Ergotin. Like Baryta muriatica it may be indicated in what may be called incipient arteriosclerosis. Animals that have been poisoned with this substance show degenerated and stiffened arterial walls. Dr. Dewey says, and I have verified his statement, that Ergotin acts curatively in the beginning of arteriosclerosis when only the cardiac irritation and the heart sounds are present. I prescribe Ergotin, instead of Baryta muriatica, when the disease is somewhat more advanced and when the disease progresses rapidly; in fact, it is the rapidity of the pathological process which is the main symptom

triturations of the remedy have been found to act better than the higher attenuations. The following case shows the action of the remedy: Man aged 40, had a blood pressure of 150; transitory attacks of dizziness; face red and the superficial veins distended; heart action strong and somewhat rapid; four months before this time the blood pressure was 125; all his symptoms were of the rapidly progressive type; no history of syphilis; Ergotin in the 2x trituration was prescribed, two tablets four times a day. Within two weeks he experienced a reduction in the intensity of all his symptoms, including a gradual fall in blood pressure. After taking the remedy for six months he was entirely rid of any and all symptoms of arteriosclerosis and the patient is now completely cured of the disease.

Other remedies may be useful and curative in this type of cases, but space does not permit particular mention of them. I have endeavored to show that what may be called incipient arteriosclerosis of the type indicated may be cured, both clinically and pathologically, by the indicated homœopathic remedy.

The second type of case presents such symptoms, as follows: The patient is about 60 years of age and his blood pressure is anywhere from 170 to 200; he suffers with an hypertrophied heart, whose action is rapid and irregular; he has attacks of dyspnœa upon exertion, his kidneys suffer with sclerotic degeneration and very likely he is suffering with an associated interstitial nephritis; in fact, it is probably that his frequent desire to urinate and the increased quantity are the reasons for his first consulting a physician. Such a patient suffers with severe and frequent attacks of cramps in the muscles of the legs and forearms and the pains along the course of the superficial nerves are prolonged and severe. Violent and severe headaches complete his symptoms complex. For this type of individual nothing can be promised in the way of a cure, but much may be done in a palliative way to alleviate his condition and rid him of many of his annoying symptoms.

As many of this type of patients are candidates any moment for an apoplectic attack, due to the increased blood pressure, the first thing to accomplish is a reduction of the adterial tension. For this purpose many so-called vasodilators have been recommended. I have found that Glonoine and Natrum nitricum are the most useful for this purpose and that it is rarely necessary to employ another agent. I prescribe Glonoine upon its homœopathic indications, which are too well known to bear repetition, and I use the remedy in the 3x dilution, two or three drops every hour until the tension is reduced. It is not at all necessary to employ the remedy in the large and material doses such as a 1/100 for a grain, as are recommended by Allopaths. It is surprising to see how quickly Glonoine will reduce the blood pressure and dissipate the headache of advanced arteriosclerosis. The remedy acts equally well if there is an associated interstitial nephritis. The following case shows the action of the remedy in what I have called the second type of hardened arteries: A man aged 65 had sclerotic arteries for the past fifteen years; blood pressure averaged 185; the left heart was enlarged and its action, at times, very rapid and intermittent. Superficial veins on the face and forehead very prominent; patient suffered most all the time with violent congestive headaches and an examination of the urine showed him to be in the second stage of interstitial nephritis. Glonoine in the 3x dilution, four or five times a day, removed all these symptoms, except the nephritis and, owing to the palliative action of the remedy, he has been quite comfortable for the past year, he having taken the remedy practically continuously for that length of time.

Kali nitricum, in low triturations, is also an effective remedy with which to combat increased blood tension, but I cannot recommend it as being superior to Glonoine and in may cases it is not its equal. There are no especial indications for its use.

Plumbum metallicum is the remedy which is the most homœopathic to this type of patients; there is found in the symptomatology of this remedy an interstitial nephritis, high blood pressure, and the cramps and nervous symptoms so often seen in the disease. In fact, lead poisoning is a universally admitted cause of interstital nephritis. However, Plumbum does not act curatively; it is impossible to replace the normal kidney structure with new healthy tissue, yet I am sure that I have seen Plumbum check for some time the symptom complex of arteriosclerosis from growing worse. My treatment then for the second type of arteriosclerosis consists in giving Glonoine or Natrum nitricum to reduce the blood pressure and the constant administration of Plumbum as a constitutional remedy and to hold the disease process in check.

Should the heart action become very irregular and the patient become short of breath, I usually prescribe Digitalis as an intercurrent remedy. Most all of these cases will need the help of this remedy sooner or later.

For the pains along the nerves, which in some cases are the most important of the subjective symptoms, Hypericum has been found to act very nicely. Another method of treatment directed to the relief of this symptom is the application of high frequency currents. A half hour's treatment of autocondensation, two or three times a week, will frequently cause these pains to subside, but I have never noticed any permanent or curative action from their use.

Should cramps in the muscles become very severe, Cuprum metallicum will help, but this

upon which to prescribe Ergotin. The lower symptom is not apt to appear if the patient is given Plumbum as a constitutional remedy.

For the attacks of gastric uneasiness, which are so commonly met with in the later stages of general arteriosclerosis, I have found Nux vomica to almost always give relief. Should fermentation in the stomach and bowels be bothersome, Lactic acid bacilli tablets have, in several cases, given the most delightful results.

A considerable degree of relief may be given patients by having the lower bowel washed out with saline solution twice a week; this treatment is especially indicated if constipation is present. In spite of everything that may be done, chronic generalized arteriosclerosis is necessarily a fatal disease, but after trying all kinds of treatments and witnessing that which has been done by others I am convinced that the patient who elects homœopathic medication can have his thread of life spun out considerably longer than he who trusts to the treatment of empirical medicine.

SYMPTOMS OF CHRONIC VENERAL DISEASES.

BY W. W. OSGOOD, M. D., MUSKOGEE, OKLA.

IN the fifth chapter of Deuteronomy, a history written by Moses four thousand years ago, these strange, yet true words are written: "I am a jealous God visiting the iniquities of the fathers upon the children, and upon the third and fourth generation."

These words come to us with a peculiar significance and force when we daily meet suffering humanity who are bearing the fruits, sown by their forefathers, the unmistakable evidence of riotous living, and the undeniable evidence in their offspring of the lust seed sown by a thoughtless parent.

With the frequency of the troubles, directly or mixed with others, the physician and moralist has cut out for him a gigantic work that will require many ages to correct, and the enforced ministry upon the innocent, which truly wrings the heart of the humanitarian in his efforts to mitigate the ills and eradicate them so others will not likewise become preys.

Even to become, in a measure, efficient in this ministry, the student must have a knowledge of a wide range of symptoms, all of which are the varied manifestations of the hereditary and chronic sequence of venereal diseases.

At this time, however, the writer only desires to consider the major two, viz., gonorrhœa and syphilis; and these only as they may become causative factors in chronic maladies directly or mixed with others to complicate the condition in which other causes need reasoning with also.

In classing gonorrhœa chronica with syphilis I believe I do so advisedly. As it has become a practically admitted fact that its latent and retentive virulence are conceded to be the causative factors in quite a number of chronic manifestations, which cannot come from any other cause; and treatment directed thereto will invariably obtain results in relief and removal of the symptoms.

This being true, we have two major causes of great prevalence, as their acute recipients are variously estimated to number a large portion of the human race, conservative, at least, one-half. Thus to be conversant with their varied symptoms is imperative for the successful mitigant and curist.

Jousset says: "That in the tertiary symptoms of syphilis or the chronic stage, there may be 'rupia,' a skin lesion, or gumma, which occurs the most frequent in the cellular tissues, a round tumor, varying in size of a cherry to a walnut, which suppurates slowly. Bone pains, worse from heat in bed, periostosis, exostosis, caries or necrosis, ostitis and perforation of the hard palate, caries of the vomer; syphilitic tumors of the heart, kidney, ovary, testicle and liver; and sclerosis of the nervous tissue, which, according to their location, determine symptoms of locomotor ataxia, insanity, choreiform and epileptiform attacks. The cachexia comes on sooner or later appearing in the form of phthisis sicca, in loss of strength, appetite and sleep; emaciation, with dry skin, which is brownish, scaly, and wrinkled; hectic fever, and purpura.

You may find a number of these symptoms, or your case may present only one or more in conjunction with other symptoms that will so mask the cause that frequent mistakes are made in directing treatment to other supposed diseases. Only after exhaustive examinations, in symptom taking and analysis of blood, urine and discharges can one arrive at the true nature of the trouble and be in a position to give lasting relief.

All syphilitic conditions show nightly aggravations, with deep bone aches and pains, which, at times, as in locomotor ataxia, take on the fulminating character of sudden change of place and location, excruciating in nature, simulating migrating neuralgias, and leaving no evidence of soreness as they leave place to place.

Chronic sycosis or gonorrhœa has daily aggravations, a tendency to dull the sensibilities, sleepy expressions, indifferent to self and surroundings, selfish, peevish, sallow complexion, with yellow saddle over the nose and large, irregular yellowish-brow spots on the face; a predilection for the serous tissues, especially of the large joints, with swelling pain and tenderness out of proportion to the inflammatory processes, suddenly coming or disappearing.

Arthritis, with exudate in the joint or cellular tissues, which rarely suppurate, but frequently show the presence of gonococci in the bacteriological examination, especially confirmatory if there are evidence of an old case of chronic gleet or tubal suppurations; long lasting synovitis usually find their origin in chronic gonorrhœas;

sterility, in man or woman, a tendency to nervous local sweats, an offensive personal odor, a senitive apprehension of personal contact, suspicions with a tendency to catarrhal troubles largely complete the picture, with the possible addition of occasional attacks of iritis, pleurisy and pericarditis.

While there is quite a difference of symptoms, yet from the fact that a large percentage of the patients suffer from both, it will be no uncommon thing for finding both sets of symptoms in many cases.

In the gonorrhœal cases will be found the loss of supility with frequent enlargement of joints, while in the syphilitic will be found the warty growths, the cachexia, the sharp lightning pains, the nerve degenerations, enlarged glands with frequent ulcerations.

In your baby that crys all day, or woman that suffers with peristent morning sickness, don't forget Medorrhinum.

And in the nightly aggravation, remember Syphilinum.

There are no class of troubles that the true physician can shine better and prove his usefulness, and no state of cases that have such a well defined course of treatment, calling for the clinical material medication.

The Mercuries, Potassium iodide, Phytolacca and Corydalin will always be demanded to remove the disease itself. Likewise gonorrhœa in Gelsemium, Copaiva, Sandal wood and Methylin blue have its specifics, while for the results of either of the diseases, to remove symptoms and restore organs and functions may require most any remedy in the materia medica.

OBSTETRICAL AND SURGICAL MEDICATION.

BY O. R. GRREGG, M. D., ALVA, OKLAHOMA.

FELLOW Physicians, Ladies and Gentlemen: I deem it no small honor to be asked to prepare a paper for such an assembly. I cannot hope to impress new thoughts on a gathering of your high mentality, but if I may refresh your memories to some old truths, now lying idle or wasted, I will consider my time not ill spent.

In this, the age of progress and competition, of bugs, antiseptics, of serums and ampoules, is it not true that in your hurry you overlook the most potent factor of your medical armentarium, the indicated remedy. Not for a single minute would I detract from progress.

A practitioner who neglects asepsis, and the use of antiseptics, is a criminal, and should be held so in the eyes of the law. You who neglect the use of the microscope and the laboratory, are not living up to the high calling to which you profess. "All that pertains to the great field of medical learning is yours by tradition, by inheritance, by right." Yet, at the same time, do not forget, as followers of the GREAT HAHNEMANN, that you have a special knowledge of therapeutics and observe "the Law of Similars."

Possibly the accouchement is normal, and no particular remedy indicated. Well and good. However, as a general proposition, isn't there more or less bruising of the genital outlet? How about Arnica for bruising, try it next time and see how your patient lauds the medicine to take away soreness.

Perhaps you have a case in which there is a history of after-pains, produce your Cimicifuga or Caulophyllum; or again a caking of the breast, keep in mind the Poke Root. I am a great believer in the constitutional remedies. If I enter a home and find a fair-haired, blue-eyed, tearful daughter of the Norseland, in throes of labor, Pulsatilla is forthcoming and at once. In like manner the dark complexioned opposite of Pulsatilla gets Nux vomica. Again, you have the red-headed, intellectual Phosphorrcum patient or phlegmatic Calcarea carbonica, or scrawny, greasy, Sulphuricum.

Don't forget those types, they are essential, they sure will help you, if you but give them a chance. Again might I ask you to look for the peculiar symptoms. This I can best illustrate by giving a case.

The first year I was in practice I was called to a German family. I was a new man in the locality and desirous of making good. On arriving, I found a woman in the second stage, and extremely restless, fretting, and continually saying that she could not stand it. "I am so weak that I can't stand it," was her continual call. She was weak, too. No mistake about that. This was practically all there was to the case or, at least, all that I could see.

Aconite was promptly given because of fear and restlessness, and a result expected with confidence, which result never appeared. I was lucky in having only six good old German women in the room, who constantly told of their fears and their horrible experiences. I thought again; Arsenicum, the 30th, was given, which had never failed me. No results. Aggravation if anything. I was discouraged.

I sliped over to my case and took out the little book. Turned to fear. Aconite and Arsenicum. That she will die, Aconite, Platina and Coffee. I read the last two remedies, but could see no similarity. I turned to weakness, Gelsemium; but it was not indicated. Weeping with weakness, Coffee. Lycopodium and Pulsatilla. I knew that coffee was not indicated, for I had just looked it up. I looked up Lycopodium, the last remedy in the Materia Medica, I would have thought of using in a confinement case. I found that during her pain she was obliged to be in constant motion, weeping and lamenting; weakness. Labor pains go up and from right to left. This symptom I had not noticed before, but it

was present, and had I been a good prescriber, should have been sufficient to have selected my remedy. There were several other minor symptoms that were present. I gave Lycopodium 200. It worked like a charm. Oil on troubled waters would be expressing it mildly. The woman's labor from that time on was everything one could wish. She had absolute confidence in her physician and was easily delivered of an eight pound boy. This experience was worth a great deal to me. I gained confidence in my remedies, also in my book, and myself. Since then the book has been my constant companion, in my confinement work, and it has saved me troubles without number.

The little book mentioned is Yingling's Accoucher's Manual, and I heartily commended it to your obstetrical practice. I can continue to give cases, which would seem almost miraculous, but what's the use, each of you can do the same.

Now just a few words regarding surgical remedies. Simply because you are wearing rubber gloves, are using a few yards of gauze, and some glittering instruments, is no sign you should be a machine, and forget not your Materia Medica.

Have you forgotten the experiences of Aconite in fresh wounds and immediately after operation Arnica, Hypericum, Calendula, and Belladonna, stand forth in bright array,, every one a specialist in its own sphere. Try Symphytum or Calcarea phosphorica for fractures slow to unite, and last but not least, let me speak of Arsenicum, it is a dear old friend when indicated. In my section of the State it is customary to allow all surgical cases, whether acute or chronic, accidental or non-accidental, malign or malignant, to become thoroughly infected, and if the patient is of a genial disposition gangrent must have set in before the family call a physician.

Facts of the case are, I am reaching the stage when I hardly conceive it possible to have appendicitis without a cavity full of pus and a sloughed appendix.

If I should see a gunshot wound, or strangulated hernia, of less than two or three days' standing, I would consider the patient weak of will, and call him the baby. But nevertheless, the picture, weak, restless, great prostration, white pinched face, wants water, but small quantities at a time; weak rapid pulse, can scarcely feel it at times; vomiting or attempting to. Worse at night worse from cold, the very much too common picture of the pus come. Only two remedial agencies, the drainage tube, and Arsenic. The two are inseparable. Use them and they will bring you success.

Sulphur.

In gleet decided benefit has resulted from the giving of Sulphur tincture in doses of 5 drops three times a day. This dosage was resorted to after the potencies of this remedy gave no relief.

ADDRESSES.

PUBLIC MEDICAL WELFARE.

AN address delivered by Jno. A. Evans, M. D., at an evening meeting, held May 5, for the laity, by the Maryland State Homœopathic Medical Society, at their annual meeting, 1914:

Friends:—This seems to be the age of bringing the Why and Wherefore and the reasons for doing things which we do, and have done for almost a generation.

I do not know that there will be much that is new or any suggestions of revelation in my paper this evening; for, as I go on in life, I find the old adage very true that: "There is nothing new under the sun." This does not mean that conditions do not change and that our environments change and hence form new cares and duties. With the wonderful amount of reading matter that is given to the world today, and the vast fields that scientific research is opening through the newspapers, the physician feels that he should advise his patient in the subject which pertains to his branch, so that the individual and the community may be better for his being in it. Our city is spending millions of dollars in an effort to rid it of bad street crossings and to remove the cesspools which are only twelve to fifteen feet apart in almost every section of the city, except the business section. This is one of the great efforts that the corporate body of the city is doing to aid the individual. Now let us see if the individual cannot aid the city by using some of the well known methods and sanitary conditions known to him, but which he daily neglects.

Shall we start with the offal from the table, and ask ourselves how we take care of it? We should ever keep in mind that this offal is always subject to decomposition, and particularly in our hot summers, and is as dangerous to health as this system of twelve feet apart cesspools. I am a great believer in destroying as much of the garbage as can be by the fire in the kitchen, but during the season that decomposition goes on most rapidly the gas range is being used. Now, since the garbage must be placed outside for collection, I feel that the law should be as compulsory to have the can covered with a well fitting top as it is to have it separated as we are now obliged to separate ashes, paper and garbage. Possibly the three principal reasons for covering the can is to prevent dogs and cats from dragging about decomposed food, and then mingling with the children in the homes as disease carriers; to prevent rats and mice from doing the same and then over-running the house—this would cut off their food supply and cause them to migrate; the last reason, and possibly the most important, is the common house fly that

swarm about these cans and then into our homes if we are not well protected with screens.

I think we should say a few words as to the use of the screen in homes, particularly where there are children. The mosquito and fly have been found to be carriers of disease, and physicians think much suffering can be avoided by homes well screened, but if decomposing animal and vegetable matter, which is the source of their pabulum, be practically sealed from them, it will aid greatly in the elimination of the fly.

Another important question which comes before the public during the summer months is quality and quantity of water we drink during this heated season. Physicians are frequently asked: "Shall we boil our drinking water?" I, personally, do not believe that Baltimore city water has been very dangerous to health. The record of diseases produced by bad water is small, and when we consider our proximity to rural districts, where thousands of our people visit each day, I feel the danger from our water is very small. But, if you feel better after drinking boiled water, you should boil it twenty minutes and bottle it in sterile bottles and serve from bottles. Of course, the boiling of water is not the only way to prevent disease from entering the alimentary tract. There are few of us who stop to peel an apple, a peach, a pear, the seeding of grape, when we eat them, and how many of us ask whether the radish or celery has been scrubbed in sterile water, and whether tomatoes, as served in summer, have been sterilized before being sliced, if the dish was perfectly sterile on which these foods were served. We might go on taking the everyday things we do which might, in a way, be responsible for the carrying of bacteria into the system. I think that the cleanliness which is taught in the average household today is sufficient to avoid many diseases which might possibly occur if these precautions were not taken.

Now, as to the care of wounds, I would say that one precaution and the first great aid in these conditions is cleanliness. This, I feel, should be printed in large letters and with red ink. When I say to you that this is the great secret of success of the surgeon today is cleanliness from start to finish, and when he has removed all the possible conditions which may infect the wound by mechanical means, then he goes further and uses some chemical means. Now this cleanliness is so simple in its treatment that the layman fears for results, but the surgeon is sure of good results when he knows his wound is clean. Given a case where a child has been cut with some object or by a fall, stop blood by pressure, and if dirt in cut is washed with clean, hot water, and this water may be made surgically clean by boiling, and when bleeding stops bring edges together and apply a clean compress of sterile cotton. You know there are some folks who apply a quid of tobacco to the other person's cut, a most dangerous practice. The applying of cob-webs on open wounds, which, as you know, is only found in dusty corners; the applying of some well-recommended salve which, in nine cases out of ten, has no germicidal properties, but, on the other hand, makes a very good culture medicum for pus or germs to thrive. So I may say that in all condition when there is a break in the skin, which is our protector from external infection, simple cleanliness is the best treatment.

I feel I should not leave this subject of treating wounds at home without leaving this precaution with you, that in case of falls of children you should not rely too much on your own knowledge of this subject, as your knowledge of bone fracture must be limited, and should you have a suspicion of this you should call your physician and valuable time may be saved.

Taking up the subject of how we can accomplish the most. A very good article appeared in a recent medical journal under the title of "The Cause of Fatigue," and, in this day, crowding so much into the twenty-four hours of each day, I feel it would be well to give you the substance of the investigation of Dr. William Sterling, Professor of Physiology of the University of Manchester. The title of his address was: "Health, Fatigue and Repose." He says most of the breakdowns in men's lives were due to ignorance, recklessness or both. "Over-work of any organ," he says, "without sufficient repair of organ, whether brain or eyes, digestive organs or muscle, was primary cause of fatigue." He says all the organs of the body could not run at full speed at the same time. Mental fatigue greatly impaired bodily activity and physical or muscular fatigue had a distinctive effect on brain activity. There are some who would tell us that a boy should be a *star*, both in the class room and on the athletic field; but if the energy is used on the athletic field that same force cannot be used at his studies.

Dr. Leonard Hill found in his investigation that a liberal supply of oxygen in fatigue was most important. The somnolence in church was not to be attributed to the sermon in all cases, but rather to the badly ventilated atmosphere, and another factor that Sunday, to many churchgoers, is the close of the week which has been a week of fatiguing labor. This same investigation found this fatiguing problem was all important, both to the teacher and to the pupil. It was well known that certain school subjects produced fatigue sooner than others. He represented them in the following order, according to difficulty: Mathematics, 100; Latin, 91; Greek, 90; gymnastics, 90, and so down the curriculum. He stated in his investigation of cause of fatigue that the chemical substance in muscles or in

blood were used up more rapidly than they were replaced was substantially true; that muscular fatigue was partly a chemical process was shown by the fact that if an extract were made from the muscles of an animal that had been fatigued and injected into the muscles of a fresh animal showed the phenomena which could not be distinguished from tohse of fatigue.

Now this question of fatigue I feel should be of vital interest to us all, for the over-fatigue of certain organs only made that organ more susceptible to disease. As an example of this, the diseases which are termed occupation neurosis, writer's cramp, seamstress or knitters' cramp and many others. The constant strain of fatigue of men or women in business each day tells in physical breakdowns.

That fatigue is due to one or two conditions, stated by Dr. Sterling, ignorance and recklessness. Under ignorance we may class the lack of nourishing food to do the work we call on our physical or mental system to do; the trying to do a day's work or day's study at school on a cup of coffee and some of the so-called breakfast foods with a sandwich and a glass of water and an apple for lunch, then a right good meal at 6:30 P. M., but the day's work is over and the rest time comes.

In my opinion the order should be reversed, the good, full breakfast to meet the duties of the day, with, not a sandwich, but a good meal for lunch to overcome the fatigue in the afternoon work, and plenty time to eat, not to eat more, but to masticate and digest what we do take in.

It has been proven, beyond doubt, that much of the dulness of children at school is not due to lack of mentality, but is due to lack of nourishment, and this being overcome by fatigue. In some cities meals are served to classes. This lack of nourishment is not found only in the poor, or so-called lower classes, but many children who go to school from homes of plenty are not fed sufficiently to overcome this fatigue because of the late hour of rising, and the School Board saying you must be in school by a certain time, the child is hurried off with no supply of this repair material against the fatigue which is bound to come to him. I think the parent should be just as imperative in the amount eaten before the child can go to school as the School Board is as as to the time the child should be at school.

We can observe between the lines that the efforts of parents having their child graduate from school at the earliest possible age, regardless of the condition of the physique when child gets out, is causing parents to look further into the future than the passing of grades in school; they realize that a child with education and a wrecked nervous and physical system has only handicapped him for future usefulness.

I have in my own practice this past winter have had a mother go to the school and protest with the teacher who wanted to promote her child. This plan of crowding children along is not the fault of the teachers, as they are obliged to empty their rooms so that the new addition to number of pupils each year must be properly housed and schooled.

I would say, in conclusion of this subject, that education secured at the sacrifice of health is a very poor investment to make for your child.

THE LABORATORY.

AN admirable address was presented this society by the President, Dr. Bartus Trew, at the annual meeting in May, 1902, upon "The Development of the Clinical Laboratory." Your present President believes the subject, "The Laboratory," still as interesting a subject as at that time and will offer a few thoughts upon this as the presidential address. The peculiar interests of the society, as such, will be taken up at a later session.

After twelve more years the laboratory still stands out as the great consideration of our science of medicine. One almost feels like using the words of the Bible: "I am the vine, ye are the branches," in comparing the work of the science of medicine in the laboratory and in the practice thereof. The practical man produces the fruit in his application of the laboratory principles. Indeed, in most every case, where a remarkable outcome has been the result, a finger might point to the laboratory as the source of greatest aid.

In a practical review of the subject, "The Laboratory," your orator will undertake to present three views, the past, the present, the future.

The first great act in this great drama was when Anthony van Leen Wenhoek ground his lenses and constructed his first microscope and in 1675 reported the discovery of minute organisms in rain water. It may be true that some ideas of value may have been held by the ancient Egyptians that parasites caused diseases, but their study could not be accomplished till the microscope appeared, though Hippocrates and Galen had done great things for the science and were leaders of thought up to this time. In 1687 Francesco Redi, the man who is today the one whom the science of medicine "delighteth to honor," reported in detail upon the itch mite. The Quarterly of the Federation of State Medical Boards carries upon its title page a reproduction of a statue of Redi, erected in Florence. He it was who furnished the first revolution of thought in the knowledge which gave a true cause for diseases theretofore ascribed to humoral conditions of patients. In 1668 he proved that a dead body, protected by gauze from the flies, did

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*Presidential address to Md. State Hom. Med. Society, by Barrett Conner Catlin, M. D., May 5, 1914.

not develop maggots, a forerunner, as pointed out, to the work of Pasteur with pathogenic bacteria; Manson, in proving filiary is transmitted by mosquitoes; of Theobald Smith, in discovering the role of the tick in the transmission of Texas cattle fever, and of Loos, in finding that the larvæ of hookworm could pass through the skin.

It was not till 1830 that the great Lister's father negotiated, with the use of Canada balsam, the microscope of service in histology. Schluden and Schwann founded the human cell theory and Virchow developed it pathologically —these all being pupils of Müller, who had studied vegetable cells. Only in 1882 was the cell division established, and Fleming showed the nucleus and its important part.

In the 17th century we find several well known giants working to today's results: Harvey died in 1657, when Stenson began his studies. The Bartholins lived then, as also Malpighi, Wharton, all of whom may be called gross anatomists. Stenson, or Steno, as he is called mostly, discovered the ducts of the parotid gland, of sublingual and of the buccal glands, and each of the others something of such value. Though knowing nothing of the microscope and capillary circulation Steno formulated a system of secretion which Foster says went very near the truth and served as a useful basis for further inquiry. Hooke was the man who first used the term "cell," in 1665.

In the next century John Hunter, 1728-1793, stands out as a great and useful teacher, practical surgeon and anatomist, syphilographer and writer. He left a museum of 13,682 specimens, 2,500 of which were pathological, and it is now in the Royal College of Surgeons of England.

"Nature and Nature's laws lay hid in night;
God said, "Let Hunter be, and all was light."

Claude Bernard, who was born one hundred years ago last July, is one of the founders of modern experimental medicine. His footsteps will be followed yet many times. Unfounded speculation held strong sway, drawn from too much anatomic training, until Magendie and his pupil, Claude Barnard, began their work, and the latter carried forward the present methods of scientific experimentation. His work was, of course, initiative, and his study of and development of the theory of glycogen gives the basis of the present day's problem of diabetes, and its treatment. He also, from his researches, developed much knowledge of the vaso-motor system, an incalculable benefit. Curare was another of his discoveries and with it the mutual independence of muscular and nervous irritability. Carbon monoxide and its nature were shown by Bernard. The Journal of the American Medical Association gives him credit for seventeen volumes of "lessons" of most valuable knowledge.

Time and opportunity and development of kindred sciences have thus, as it may be seen, had so much to do with reaching a starting point of today's advancement. For instance, Gaspard Bauhin discovered the ileo-cæcal valve in 1579 and it has taken until the present perfection of the radiograph for Hertz, of Guy's Hospital, to learn that it holds back the contents of the ileum till digestion has been completed, the food material remaining here longer than in the stomach.

The same force and influences have to do with development of a study, for instance, of inflammation. Inflammation was looked on as a whole by Celsus and called a state; by John Hunter, the great English pathologist, as that it was rather a progression, and the complete description was not gotten until three-fourths of a century later; Cohnheim, with his microscope and frog foot, put it all before us in such a manner that we grasp the whole affair. Sanderson, Leber, Neumann, Councilman, Grawitz, Adami, Metchnikoff, all have added to this old definition of inflammation by later studies, till the definition of the last named would be: "Phagocytosis is inflammation;" Ribbert has ascribed the local showing to a systemic realization or disturbance; and thus on the investigation proceeds, explaining and connecting phenomena.

Physics has helped greatly in many procedures. The stethoscope of Laennec, Napoleon's physician; the thermometer; instruments of precision for blood pressure, and pulse wave; Roentgen's penetrative X-light, which we may read in modalities; radium and many others are great helps and as great as the microscope at first in getting nearer minute detail. As other discoveries are made they will come into service. But they require trained and skillful management, and ever will, to reach a lasting service of definite knowledge.

Amongst the notable names of later decades in the development of laboratory work Semmelweis and Holmes, in the study of puerperal fever, have a high place; as, also, Pasteur and Lister, each first guessing and proving their theory, not as completely as today, but acceptably; Krebs and Loeffler found the diphtheria germ, and Roux, its antitoxin; Koch, the tubercular germ; Leverson, the malaria plas modii; and Neisser, the gonococcus; Eberth, the typhoid germ, and Widal, who showed how the clumping action in the presence of typhoid serum, though diluted fifty times; Fraenkel, and Simmons, Baumer and Pieper, Pfeiffer and Kolle, who developed immunizing methods against typhoid, which stand today a most effectual aid in army and other practice. Wright is well known for his connection with this work and his opsonic index. Leischmann showed the defects of the typhoid preventive preparations and finally perfected them, Koch finally advising general adoption of these preventive measures.

A man recently died to whom surgery is singularly indebted—Fitz, of Boston. As Thayer

said, in a memorial paper, of his work on appendicitis, "This publication came at a time when the world was well prepared. Everyone recognized that Fitz had, as it were, put his finger on the spot. Once set forth, the pathological and clinical sequence of events seemed almost obvious —obvious as are so many great truths when once they have been clearly enunciated. The sharp light thrown by Fitz on this common and perilous pathological event brought it about that our countrymen were fully ten years in advance of the rest of the world in their comprehension of this process and in their skill and efficiency in the care of the patient. How many human beings owe their lives today, more or less, directly to Fitz, no one can tell." This was no accident, but the result of an insight of a real student. As pathologist at the Massachusetts General Hospital he visited the patients in order to compare his bedside observations with his results obtained in other work. He often pointed out, says Thayer, the omissions in diagnostic procedures or the error in reasoning which had been responsible for an incompleteness of diagnosis.

In the study of the blood many diseases today are helpfully controlled or a fuller knowledge obtained. In active septic conditions the leucocytosis is to be watched and besides the total count the percentage gives a valuable register. Corpuscle counting should be done early and frequently and continuously for its real benefits to be realized. The septic feature is shown not only by the usual 8 to 10,000 to cubic millimeter being increased to 20,000 or more and the percentage from 65 to 95, but the absence of the eosinophiles is reckoned a factor. With the percentage high and the total count low we may also judge a non-reactive condition present and see a danger signal.

In many of the fevers of the body and infective conditions the blood count is important. Just why it is not of more service in tuberculous and typhoid has not been determined. The count here seems to have little bearing to help diagnosis. In invagination of the intestines it is determinative.

In pernicious anæmia we have a blood picture. We also know we have many megalocytes and these and other red corpuscles are unduly destroyed, giving us the anæmia and the increase in iron in the liver and increase in hæmoglobin index. We believe there is often a glossitis and a hæmolytic toxin present causing the trouble. There is some showing that there is an increased activity of the ordinary hæmolytic apparatus after an increased bone marrow hyperplasia. It is a question where the laboratory may yet clear the scientific mind and point a cure. It so far furnishes the knowledge that there are seven groups.

Polycythemia, leukemia, malaria, typhoid, filiaria infections, septic fever, pneumonia, are some of the maladies readily diagnosed by laboratory procedures in the study of the blood.

But the greatest boon to mankind has come from the labors expended in the study of the serum of the blood in the last decade. The names of Wright, Widal, Wassermann, Noghuchi, Abderhalden, and others, occur at once to all. Here we have, in general acceptance today, methods incalculable in benefit to the human race. To determine the presence of syphilis solves many problems today. The city of New York made nearly 20,000 free tests in the public laboratory last year and many, many more, privately. Every hospital settles this suspicion at once today. In a case of unusual abscess of the cornea, where the patient was blind in the other eye, positive diagnosis of lues, followed by administration of a well known remedy, according to the latest method, saved the vision. This Wassermann luetic test with the Hecht-Weinberg control is now almot absolute. Besides this we have the gonorrhœal complement test, showing the presence of this taint; and Abderhalden's pregnancy test and his later one, the cancer test, which probably is not as perfect in everyone's hands as it will be.

We have several other cancer tests, the Von Dungern, the miostagman reaction, the epiphinin, and out of all some day we will get a full understanding and a probable cure. Other interesting tests are the phenophthalein test for the judgment of the power of the kidney; Marshall's test for the amount of urea in the blood.

The laboratory is also responsible for the present day study of glands—ductless in particular, which is thought to have a wide field. In our city we see its service, also, in placing chemicals safely in our water so that typhoid will soon be unknown here except as a variety.

Ehrlich, a man well known for his blood studies, and a chemist, has developed a laboratory preparation under the name Salvarsan. It is an Arsenic compound. It is today the remedy par excellence for syphilis. The problem now is how much of it to use and how long. Salvarsan serves also in yaws, amœbic dysentery, glanders, small-pox, scarlet fever; it may become the basis of complete therapia magna sterilisans. It might even be a remedy for pneumonia, puerperal fever, septic conditions, with some change.

On the pharmaceutical side of the medical science some mention should be made here of the valuable service of a Council of the American Medical Association, which does a laboratory service for all. The decline of the patent medicine evil has been largely due to this bureau. Every prominently advertised panacea has today to run this gauntlet. During the month of April the attention of 60,000 physicians was called to Tonsiline. It is figured to contain in one pint of water one ounce each of alcohol and tincture chloride of iron and 280 grains of potassium

chlorate, drugs discarded by the best men for sore throat, which Tonsiline cures, the latter drug being present in saturated solution being a grave danger to those who may have kidney disease. Each week some nostrum is reported for review and its usefulness pointed out.

Today, also, the laboratory is founded by men of means, as one of the best forms of service to mankind. The Rockefeller Institute developed the serum treatment under Flexner of epidemic meningitis or meningococcus meningtitis. They reduced a fatality of 70 per cent. to 30 per cent. and give evidence of greater improvement. They are now studying infantile paralysis.

Eugenics must find its ablest help in the laboratory. Laws will not ever satisfactorily control in this racial effort for betterment, because they may be evaded or disregarded; but a knowledge of the definiteness of laboratory findings will produce devotees and an insistence of the recognizing of what shall become wise and necessary prudence. Some may say knowledge is not perfect, but the work is being made more perfect, and sad will be the history of him who goes contrary to scientific pointing.

As to the future, there are sufficient problems. Diabetes is one of our most insidious diseases. It is being studied deeply. Von Noorden demonstrates that in the matter of glycogenic function of the liver the pancreas is the organ that tends to keep the consumption of sugar down and the chromaffin (or to mention its chief constituent, the supra-renal gland) tries to increase the consumption. But the pancreas is, in turn, controlled by the thyroid gland, the parathyroids and the hypophysis; while the chromaffin system is under the control of the central nervous system. All of these controls, except that of the central nervous system, are exercised through the medium of the secretion of the various glands concerned, conveyed about the body by the blood stream. The regulation of the glycogenic function of the liver by the pancreas and chromaffin system in the normal subject is such that the blood contains from six to eight parts of glucose per 10,000. In diabetes this quantity is increased, either because the inhibiting power of the pancreas is weakened, speaking generally, or because the augmenting power of the chromaffin system is increased. In Bernard's diabetic puncture of the brain the glycosuria is due to the central stimulation of the chromaffin system. Acidosis is fatal by removing the ammonia and alkaline bases from the body in excessive amounts; diabetic coma is the expression of alkaline poverty of the tissues, and thus, like the laboratory, gets a step nearer a solution of a most tremendous subject.

The surgeon to-day should be a man who is able, of his own initiative, to handle laboratory methods, because the men up in front are perfectly familiar with this work. When Mayo says that it is in the edge of the ulcer and not the base that we must fear to find the momentous changes, it is because he knows and can demonstrate it. Rodman said, in his address the other night, that the laboratory was the handmaiden of surgery. It is only by such consummate knowledge that one may hope to gain in the cancer problem. All the methods of the day may have some grain of usefulness, from paste to radium, but beyond the early treatment it looks like the knowledge we already have is overlooked, in the way of its dissemination through the lymphatics, when we hold out so much hope of cure. I removed a breast three years ago and there was only an early recurrence in the central point of junction of the flaps, which, by freezing, was soon overcome successfully. About six months ago she began to be husky in her tones, and soon she became worse and worse until death, the lung on one side filling up with fluid because of interference of circulation caused by enlarged glands. The only way such a case could be helped would be some saturation of the system with something on the order of Salvarsan. This plan is being tried in fuchsin and such stains. One cell in the lymphatics was enough to have killed my patient. Another point in the matter of cancer deaths is the fact that we are able now to handle so many conditions which would formerly have caused death that there is this one disease yet left which does carry off people, therefore cancer death percentage is high.

In regard to the experimentation that has doubtless helped very much in laboratory work, it is hard to think anything cruel would be done by such men as Crile and others. Even the daily press has this to say: "The Pennsylvania judge who ruled that it is illegal for anyone to cause pain in an animal, even for scientific purpose—which is another way of saying that vivisection is illegal—doubtless knows the laws of his State. He, therefore, is not a proper subject for criticism; but what shall be said of the laws which set the welfare of the animal above that of the human being?"

One thing mentioned by my predecessor, Dr. Trew, in his address, was in reference to the need of laboratory work by our school. Have any of the advances cited come from our school? It is not necessary? But a vast field is before us in a demonstration of chemotherapeutic work. Our late friend, Dr. Wanstall, stated in a paper in 1901 that the fundamental differentiation of all tissues is chemical and the function of each variety of cell, in all probability, is dependent upon its chemistry; and normal and abnormal cell activity, in all probability, are due to stable and unstable chemical conditions. Bacteria grow, outside of the animal body, only when the chemistry of the soil is suitable; and the same may be assumed to be true when they grow within it. Among bacteria, the gonococcus only,

She had the suggestive headache and the typical eye symptoms, no fever, but pulse was 120 Blood pressure over 200. Cervix was very long and hard and not dilated or dilatable. As we could not increase the flow of urine, after 24 hours' vigorous effort, and all the symptoms were increasing, we decided to operate. It required a long anterior incision and a vaginal incision (right side). The child was promptly delivered alive, but only lived five hours, as it was so filled with toxins.

For three days, following the delivery, the mother's urine was loaded with albumen, but Mercurius corrosivus and Arsenicum soon cleared this up, and she made a very prompt recovery, and is perfectly well to-day.

Case 2.—Mrs. C., aged 36, five months pregnant. When I reached her bedside the following history was given by her doctor and her husband: She was really too sick to talk or think. Urine almost solid with albumen. She had a very severe attack of nephritis two years before. Upon a careful examination we decided that the child was dead and that she was threatened with eclampsia. Therefore, operation was decided upon. She was taken to the hospital (75 miles), and I operated the next day. The anterior lip was very long, and she had old, deep cervical lacerations. There was marked cystocele. As we succeeded in delivering the dead child with no resulting shock to be noticed, we took the time to amputate the long anterior lip and performed anterior colporrhaphy to cure the cystocele. All this was done and the patient put to bed in less than half an hour. The parts healed very promptly and there was very little trouble from the operation, but there was some delay in healing that was due to an infected miscarriage about fifteen months before, having caused endometritis, and this produced infection. She returned to her home in one month, but the nephritis does not as yet yield to treatment. I doubt whether she will live many months. But I am sure no other means of delivery was possible without causing a sudden fatal result.

Case 3.—Miss H., aged 29, primipara. When I was called she had been in labor 48 hours; canal infected. Os admitted one finger, but it was very thick and rigid. Woman was completely exhausted. Uterus firmly "retracted." Her condition was very desperate, indeed, and I operated at once. This was completed in twenty minutes. Podalic version was performed, but the child was dead, as the bag of water had drained away twleve hours before. Complete and prompt recovery. No other operation could have been performed with such good results, and I might add, that the death of the child was due to the "waters" being lost and the uterine retractility cut off the blood supply to the placenta and from the child.

I now wish to speak briefly of two cases that died because I did not perform this operation.

One was a young woman who had syphilis, but I did not know this until after the operation of abdominal Cæsarean section was performed. She had also had repeated vaginal examinations that I did not know of, and the vaginal and specific infection combined led to peritonitis and death on the fifth day. The vaginal operation would have been much better, as by it there would not have been no peritonitis or the shock, and her chances of recovery would have been good. In this case I operated because of the "pregnancy kidney."

The other case was a very sad one, indeed. She was in perfect health. When I saw her, 36 hours after labor had set in, and 24 hours after the rupture of the sac and resulting loss of "liquor amnii," the uterus was firmly contracted; in fact, "retractility" was already present, and the child was in the transverse position. Therefore, it must be turned. Version was absolutely indicated. The os was only slightly dilated and very firm. The uterus being "retracted," we saw at once that any from of version (cephalic or podalic) would necessarily be very difficult and dangerous. In fact, very liable to cause rupture of the uterus. I, therefore, earnestly advised Cæsarean section, but to this the husband would not consent. I now am very sorry that I did not speak of the vaginal operation, for to this I think he would have consented, as the opening of the abdomen was too much for him. Of course, it is universally true that no matter what one does in the performance of his duty as he sees it, if the result is not what is desired, he will wish some other way had been followed.

There is one thing certain in such cases, viz., when one looks upon a young, strong, healthy woman cold in death with her large perfectly developed dead baby by her side, and both taken without warning, he cannot but feel that human skill is of little avail.

As our hands were tied we did the only possible thing. We put the woman under ether and turned, cephalic version, and delivered the child with forceps. But the head being very large it took time, and the child was born dead, and the mother so badly injured and shocked that she did not rally and died within an hour.

As I had feared there was a very serious injury of the lower uterine segment. In fact, there was a partial rupture, the tear extending into the broad ligament. I had just taken the stitches in this tear when she collapsed, and, in spite of our best efforts, she died within an hour. Had we been permitted to perform the abdominal operation the child would have had every chance to live, and the mother would have had at least four out of five chances. While with the vaginal operation the child had the same chances and the mother nine out of ten chances.

Did time permit I would gladly go more into detail, but I trust I have said enough to call your attention to the many advantages of this opera-

A POLYCHREST RESTUDIED.*

BY B. S. PARTRIDGE, M. D., ANN ARBOR, MICH.

IT is not my purpose to bring to your attention some new and untried remedy to add to the long list of drugs comprising our materia medica, many of which we know only by name. Indeed, if we take inventory we shall find that our working knowledge of remedies is limited to a comparatively few of those described in "Allen's Handbook," for instance. However, by the use of repertories we are able to avail ourselves of the more rarely used remedies when necessity demands. In the study of our remedies from the text-book it seems to me our motto should be, "Not how many, but how well."

I wish to consider one of our most valuable and most frequently used remedies, for two reasons, which will become apparent as I proceed. This drug has the distinction of a reproving at the hands of the Committee of Drug Pathogenesy of the American Institute.

Flushed face, throbbing carotids, hard, full, bounding pulse, wild delirium, and all the symptoms of congestion are the general characteristics of this drug. I shall not review the results of the reproving of Belladonna, nor mention its detailed symptomatology, for that is not essential to my purpose. Let us enquire how, or through what medium, the general pathogenesy is produced. Hahnemann says: "All morbid influences produce their effects, establishing disease, by disturbing the functions and feelings of the body."

Matteucci, Claude Bernard, Brown Sequard and others since their times have shown by extended and careful experiments that the functions of any organ or part depend upon the integrity of its nervous supply, and only through some branch of the sympathetic (or better, organic) nervous system can any influence be exerted upon any of the functions of the organism. The organic nervous system presides over and controls all of the functions essential to mere organic existence, viz., innervation, nutrition, respiration, circulation, secretion and excretion.

The cerebro-spinal system is not essential to animal life, but is an adjunct to enable its possessor to hear, see, smell, taste, feel and move, comprehend, combine, reason, etc. The cerebro-spinal system derives its circulation and nutrition through the organic system with which it is connected in a most intricate manner.

Hahnemann tells us that the sensitive nerves receive drug impressions and transmit them almost instantly to various parts of the body. It is through the sympathetic, which presides over all functions, that each drug expresses its so-called "selective affinity." Just as a given kind of food is appropriated to the building up of a certain tissue or organ by the operation of this great nervous clearing house, so every drug is brought to influence some particular part or function.

We have in Belladonna a clear illustration of this theory. Through the organic nervous system this drug produces relaxation of all involuntary circular muscles, among which are the muscular coats of the arteries. Belladonna is a vaso-dilator. Hence, under its influence there is marked congestion of various organs, particularly the cerebrum. From this as a focus, there radiates an influence over the entire cerebro-spinal system, producing active congestion and inflammation of the entire brain and its membranes. Hence develop the nervous phenomena characteristic of the drug, such as a disturbed sensorium, hallucination, mania, insomnia, headache, vertigo and convulsions both tonic and clonic.

The skin also comes under the influence of this vascular disturbance. The surface of the body becomes red, hot, dry and shiny, like that in scarlatina. The face in particular becomes red and swollen, and the eyes red and inflamed, often involving deeper tissues.

All sphincter muscles become relaxed. The pupils become dilated, as also the orifices of the body. Now as all involuntary muscles are under control of the organic nervous system, and as the vaso-motors are a part of that system, we are driven to the conclusion that this drug acts primarily through the nerves of organic life.

A few words regarding the therapeutics. As this is a verification club, you will pardon allusion to personal experience with the drug. I regard Belladonna almost a specific for that dread disease scarlatina, for which it is a close similimum. There is some reason also for believing it prophylactic. It has been my fortune to see a great many cases, both as physician and health officer. I have seen the gravest complications arise under the treatment of the dominant school, such as otitis media, suppurative tonsilitis, suppurating glands of the neck, meningitis, nephritis, etc., etc., with frequent deaths. But be it said to the glory of Homœopathy, I have never seen a serious complication or sequela following the early exhibition of Belladonna. In the last family I treated there were six cases, four adults and two children. Although these cases all had high fever and all the characteristics of a severe anginose type, they all recovered in normal time without any serious complications or sequelæ. All received Belladonna from the first. While other remedies may be indicated in individual instances, yet the vast majority of cases of scarlatina call primarily for Belladonna.

Tonsilitis has often yielded kindly to this drug when indicated. I have never found it mattered which tonsil was involved. While at Silver Lake one summer there came to my cottage one even-

*Read before Verification Club, Jan. 14, 1914.

ing two young ladies, one an ardent Homœopath, the other a niece of an old school physician. The latter had an attack of tonsilitis. She said: "I know, doctor, you cannot stop its progress to suppuration, for my uncle has never been able to do so; but possibly you can hurry me through it, as I don't want to lose all the pleasure of being here." I have her Belladonna. The next morning she called to express her gratitude, for her tonsilitis had vanished. Such I have observed to be the common experience of homœopathic physicians.

I have found this drug often indicated in those restless irritable conditions incident to dentition, when the child cries without apparent cause, rolls its head, starts in sleep, head hot, and seems on the verge of convulsions. Belladonna can be depended upon to quiet the patient, gratify the mother and bring appreciation and everlasting gratitude to the physician.

Were I to relate my experience in the use of this drug in meningitis, exanthemata, laryngitis, bronchitis, pertussis, urinary incontinence, erysipelas, etc., etc., I would but repeat the observations of my listeners. Suffice it to say, we have no better vindication of the claims of Homœopathy than is found in the use of this drug under the law of similars.

303-305 S. State St.

PHARMACODYNAMICS AND THERAPEUTICS.

BY A. E. HINSDALE, M. D., BAY CITY, MICH.

Conium.

Dr. D. M. Currier has used the following formula as a rectal suppository in enlarged prostate with success:

℞. Ext. phytolacca dec. .....gr. iv.
Ext. conium .....gr. ½.
Cocoa butter, q. s.

M.—For one suppository.

One such to be passed into the rectum every day. In severe cases one should be used twice a day. Every case of enlarged prostate in which he has used it has been cured or greatly benefited. —*Eclectic Review.*

Thyroid.

Psoriasis. Treatment. Thyroid preparations found especially efficacious in psoriasis associated with adiposity. They should not be exhibited until eruption is fully developed.—*Morris.*

Thymus.

Arthritis deformans. Treatment. Gradual but permanent improvement noted in a number of cases after administration of thymus extract. Pain and swelling disappear and appetite returns. Nucleoproteid extract much preferable to crude gland. Treatment should cover several months, and small doses be continued for some time after apparent cure.—*Berkeley.*

Phenol.

Ascoli, in the *Policlinic,* Surgical Section, July, 1913, reports seven cases reported in detail in which tetanus developing after an incubation of from four to six days was treated with subcutaneous injections of a 3 per cent. solution of phenol (carbonic acid) and the patients promptly recovered. In one case alone the incubation had been fourteen or fifteen days. Ascoli comments on the efficiency of this method, introduced by Baccelli, and states that its simplicity has cooperated in preventing its wider adoption; people put more faith in things that are mysterious and difficult to obtain. Another reason for its restricted use is because those who have applied it have not used the proper doses, restricting the dose to 0.05 or 0.1 gm., while Baccelli insists on large doses, beginning with 0.2 or 0.3 gm. and increasing to 0.8 or 1 gm. per day. Any dosage less than this should not be called the Baccelli method. The seven cases here cited are from the experience of six clinicians, including the Russian, Gulaew, of Kazan.

Pituitary Extract.

C. A. Hill states that the administration of pituitary extract eliminates to a great extent the danger of shock developing after surgical operations. His routine procedure is to give the drug before the patient leaves the table and usually before closure of the abdominal wound is made. Fifteen minims are given, hypodermically. This dose is repeated every three hours until four doses have been given. In a series of eight hundred abdominal operations in which pituitary extract was used, the author did not note the development of shock in any instance except in two or three cases in which a condition simulating "heart exhaustion" was noted. This was only transient, the patient responding to stimulation after the administration of pituitary extract was discontinued. Another point mentioned is the happy result noted by several investigators as well as the author regarding the elimination of gas from the alimentary tract. Pituitary extract has a marked effect upon the muscular coat of the intestine, increasing peristalsis and facilitating the passage of gas.—*Medical Record,* May 31, 1913.

Radium.

Giovanni Giacchi conducted his investigation upon 17 patients under treatment at the Policlinic Humbert I. The patients were exposed to the direct action of radium emanations in the emanatorium attached to the Institute of Clinical Medicine in Rome. The effects noted were as follows: There is a reduction in the amount of hemoglobin as well as in the numbers of red blood cells. Following the first exposure to the

emanations there is an increase in the number of leucocytes, but following the later exposures there is a diminution. As regards the leucocytic formula it is noted that the polymorphonuclear neutrophiles in general increase in number but undergo a diminution following prolonged exposure to the emanations. The eosinophiles increase. There is a relative and an absolute increase in the basophiles. The large mononuclears increase in number. The effect of radium is to cause a diminution in arterial pressure.—*Il Policlinico.*

Tuberculin.

After employing a large variety of methods in the treatment of tubercular sinuses the author has found that the best results are obtained by local tuberculin treatment. It is very stimulating to the sluggish granulations, and converts the creamy pus into serosanguineous pus. After two or three injections the sinuses appear healthier and the discharge is markedly decreased. The technique consists merely in the injection of about 120 minims (75 c.c.), of 1:500 old tuberculin solution into the depths of the sinus by means of a syringe or a small soft rubber catheter, which is withdrawn as the injection is made. After 3 or 4 injections the strength of the tuberculin is increased to 1:250 or even 1:50, this being governed by the reaction, both local and systemic. The injections are given bi-weekly. There is some systemic as well as local reaction after the first injection. The patient's temperature may reach 101° or 101.5° F. with some lassitude, but this is less marked after the first 2 or 3 injections, and usually disappears entirely after subsequent treatments. Great care must be used to use dilute tuberculin solution, as it is advisable to avoid a rise in temperature. The sooner one gets the sinus closed or thoroughly plugged, aside from the treatment of the granulations with the tuberculin or some other substance to stimulate the walls of the abscess or sinus, the better it is for the patient. Recognized surgical and orthopedic methods of treatment should, of course, be simultaneously applied, as well as the hygienic measures enforced in tuberculous diseases.—*W. S. Niblett (New York Medical Journal,* April 26, 1913).

Quinine hydrobromate.

Forcheimer speaks highly of this salt in the treatment of exophthalmic goitre. He uses it alone or in combination with Ergotin. The Quinine is given in doses of 5 grains, four times daily; to each pill is added Ergotin (grains 1) when the Quinine alone does not give results in 48 hours. In the treatment of 12 fully developed cases he had had only 3 failures.

BOOK REVIEWS.

The Homœopathic Pharmacopœia of the United States. Third edition, revised. Otis Clapp & Son, Agents, Boston, 1914.

This is the third edition of the pharmacopœia issued by the American Institute of Homœopathy. The preface tells us that nine remedies have been omitted and new ones added.

It seems to us incomprehensible that any remedy that has received a proving should be omitted from the pharmacopœia. We find such drugs as Secale cornutum, Kali muriaticum and many others that have scarcely been proved at all incorporated in the work and some excellently well proved drugs omitted. Psorinum, Hydrophobinum, Pryogen, Tuberculinum and others of the Nosodes are not to be found in its pages. Yet this is a book issued by the American Institute, and drugs are omitted from it that are mentioned in every volume of the transactions for the past 25 years. This arbitrary excluding of the nosodes in this age of vaccines or the treatment of diseases by similars is certainly not calculated to make the pharmacopœia either popular or specially useful.

Saunders' Question Compends. Essentials of Nervous Diseases and Insanity. By John C. Shaw, D. D., late Clinical Professor of Diseases of the Mind and Nervous System, Long Island College Hospital. Fifth edition, thoroughly revised, by Louis Casamajor, M. D., Chief of Clinic, New York Neurological Institute. 12mo, of 187 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, $1.00, net.

This little compend is now in the fifth edition. It is not expected that it will take the place of larger and more complete works on Nervous and Mental Diseases, but merely for use as a Quiz Compend giving the essentials of the subject taught. Dr. Shaw has given us some excellent books on Neurology and Psychiatry, and this little work is one that will appeal to the student of medicine.

The Elements of Homœopathic Theory, Practice, Materia Medica, Dosage and Pharmacy. By Drs. F. A. Boericke and E. P. Aushutz. Third revised edition. 223 pages. Cloth, $1.00. Postage, 5 cents. Philadelphia: Boericke & Tafel, 1914.

This little book is a very excellent one for an inquirer into Homœopathy, and is very useful as a memory refresher to homœopathic physicians and a guide to others. We certainly can recommend the book, and are very glad to know it has now reached its third edition.

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OHIO STATE HOMŒOPATHIC COLLEGE.

THE Ohio State University Homœopathic College is an established fact. The Board of Trustees of the University have passed a resolution establishing the same subject to the available funds.

Members of the Council on Medical Education met with the committee of the Cleveland-Pulte College and the president of the Ohio State Homœopathic Society and others in Toledo, and it was voted to put the details of the matter in the hands of the Council with Prof. W. B. Hinsdale, Ex-President of the Institute, as the special representative of the Council.

A meeting of the Ohio Homœopathic Medical Society was called at Columbus on June 18th, which was attended well by representatives from all over the State, and was full of enthusiasm. Every one present was filled with the spirit. The meeting ratified the action taken at Toledo and also the action of the committee appointed to confer with the university authorities in regard to finances, students, faculty, curriculum, etc.

It was necessary to raise some money to enable the school to be started in September and carried on until the next university legislative appropriation becomes available. Ten thousand dollars is the amount necessary to raise, and at this meeting more than three thousand was pledged, and a finance committee of five was appointed to canvass the State and secure the balance, which should not be difficult. The meeting will doubtless carry enthusiasm all over the State.

The conference, with the president of the university, resulted as follows:

First. The acceptance of the students of the Pulte-Cleveland College at their standing at the end of the present year as determined by the faculty of the college.

Second. Freshmen entering this coming fall may be entered upon the certificate of the State Board of Medical Examiners. In 1915 one year of collegiate work shall be required. In 1916 two years of collegiate work. This will enable the school to have recogniction by all State medical examining boards.

Third. The Cleveland-Pulte schedules are to be followed as closely as possible for the present year.

Fourth. Fees for the present year to be the same as the Cleveland-Pulte College.

Fifth. Pre-medical and elementary medical branches are to be taught from the general university chairs.

Sixth. The homœopathic faculty is to be constituted of six members, as follows:

1. Materia medica.
2. Theory and practice.
3. General surgery.
4. Gynæcology and obstetrics.
5. Eye, ear, nose and throat.
6. Director of a clinical laboratory.

Each of these departments is to have a professor and each an assistant. The faculty officers, dean, secretary and registrar to be members of the above staff.

Seventh. A temporary hospital, which shall he exclusively under the homœopathic faculty, which shall be adjacent to the campus, and as soon as possible a new hospital on the campus.

Eighth. A brief announcement of the college as soon as possible shall be issued.

The opportunity has now come to Homœopathy in Ohio to make good. We know the profession of the State will heed the bugle call to battle and go forth determined to have a college that will be one of the best of the school, and show by example that if the States are to teach medicine in their universities Homœopathy must be represented.

We hope to announce the faculty in our next issue.

SIXTY YEARS OF MEDICAL LEGISLATION.

WE have received a reprint bearing the above title, which was read at the midwinter conference in Chicago last February. The author, Dr. Green, is very frank in his ex-

pressions, and being at the head of one of the "Councils" of the American Medical Association, of course, voices that association in its policy of control over all things medical.

He speaks of the "present-day farce of sectarian boards and multiple standards" as something to be avoided, but at the same time he is polite enough to speak of the "Regular," with quotation marks, as being quite as much sectarian, and "Regular Medical Colleges" quite as much to blame as any for the present chaos of medical legislation.

He condemns the recent bills in California and Colorado as "absurd," the mistake being "in placing the subject before the public in such a way as to justify the conclusion that the object of the passage of medical practice acts was the protection of physicians instead of the protection of the public."

The public will probably always arrive at this conclusion in spite of the busy assertions of medical trust lobbyists, who are always to be found whenever an important act comes up for passage before a State legislature, when it sees that as a general, yes, universal thing, these bills are either introduced by some physician member of the legislature or at the request of some medical man and lobbied through by medical men. It is perhaps unjust to state that all medical laws are for the protection, first, of the physician, but we have yet to see or hear of one that had not this primary object in view, and by medical laws we do not mean health laws. Further, it is to be observed that nearly all medical laws were instigated by members of the allopathic trust in their endeavor to obtain control of all things medical.

The doctor justly sizes up the matter when he sums up by saying that all medical legislation is a failure, and he is forced to admit that this is due to the antagonism of what he terms "cults," and so the plan is now to commence over again and get a central body under control of the American Medical Association and do the work all over again.

The pamphlet is a curious mixture of sense and lack of sense. Evidently Dr. Green himself did he not wear the yoke of the American Medical Association and have to say certain things to hold his job would not be a bad sort of fellow to trust medical legislation to, for he would probably not do more in the next sixty years than has been done in the past.

Fortunately the homœopathic physician is able to take care of himself, he does not fear competition, and he never goes to the legislatures to have laws enacted for his "protection" under guise of protecting the public, for he is convinced that the public is best protected by employing Homœopathy in sickness.

NEWS ITEMS.

CALIFORNIA.

Dr. Florence N. Ward will spend the summer abroad.

Dr. William Boericke spent several weeks with his old friends in the East. He stopped in Ann Arbor to visit the editor of the MEDICAL CENTURY and do some work on the forthcoming fifth edition of Boericke anl Dewey's Twelve Tissue Remedies of Schüssler, now in press.

IOWA.

Dr. George Royal spent his vacation at his old Connecticut home, and traveling through New England.

MASSACHUSETTS.

Dr. J. P. Sutherland will spend a part of the summer abroad.

There is a fine Homœopathic Hospital in Newburyport. We shall know more of our hospitals when the Council on Education completes its labors of hospital inspection and grading.

MICHIGAN.

Dr. C. A. Burrett, Professor of Surgery in the Homœopathic College of the University of Michigan will spend the summer in Europe in study and travel. Dr. Hugh E. Beebe, also Profeessir of Surgery in the same college, has been spending several months in Eastern cities, attending surgical clinics. The new surgical department of the University will be a very strong one, and one that is essentially homœopathic.

MISSOURI.

The work of Mr. Arthur Warren Smtih, the special representative of the Council on Medical Education, in the matter of the reorganization of the Kansas City Hahnemann College has been of high order, successful and much appreciated by all.

NEW YORK.

Dr. Byron G. Clark will be in his office Tuesdays and Fridays from 12 to 1 from July 15 to September 15th. Emergency calls will be attended to by Drs. D. E. S. Coleman and Frank W. Hallock.

OHIO.

The new Homœopathic College of the State University will open in September. Nearly all of the Cleveland-Pulte students will go to Columbus, thus the opening class will be a good one.

A meeting of the Committee of the Cleveland-Pulte College, the President of the State Society and members of the Council on Medical Education, met in Toledo last month to consider the new department in Ohio University. The entire arrangements were placed in the hands of the Council on Medical Elucation, who selected Dr. W. B. Hinsdale, Dean of the Michigan University Homœopathic College, as the special representative of the Council in the work of establishing the new college upon a proper basis.

PENNSYLVANIA.

The Hahnemann Medical College of Philadelphia held its 66th Annual Commencement, at the Garrick Theatre, Thursday, June, 4, 1914, at twelve o'clock, noon, when fourteen members of the Senior Class were given diplomas and awarded the degree of Doctor of Medicine.

The Rev. David M. Steele, rector of the Episcopal Church of St. Luke, delivered the commencement address. The Rev. Floyd W. Tompkins, S. T. D., rector of the Holy Trinity Episcopal Church, pronounced the invocation and the benediction.

The degrees were awarded and the diplomas presented by Mr. Charles D. Barney, President of the Board of Trustees, who made a brief address of presentation.

Doctor Wm. B. Van Lennep, Dean of the College and Professor of Surgery there, presided over the exercises and announced the winners of several annual prizes, which he awarded.

Dean Van Lennep also announced the list of hospital appointments, every member of the graduating class receiving a position as interne. The list of graduates follows:

Edgar Maule Blew, Bridgeton, N. J.; E. R. Bowie, Uniontown, Pa.; E. R. Hunter, Delanco, N. J.; E. T. Jones, St. Clair, Pa.; F. T. Krusen, Norristown, Pa.; A. M. K. Maldies, Camden, N. J.; C. A. Mentzer, Waynesboro, Pa.; A. A. Perkins, Norfolk, Va.; C. I. Pratt, Coatesville, Pa.; H. T. Ryan, Philadelphia, Pa.; H. L. Shaffer, Latrobe, Pa.; A. T. Walter, Easton, Pa.; H. B. Warriner, St. Johns, N. B.; L. B. Yerger, Wilmington, Del.

At three o'clock in the afternoon the Alumni Association held its annual meeting at Hahnemann Medical College, at which time were gathered together a large number of Hahnemann's loyal sons, who took this opportunity to renew old friendship and revive memories of college days. The election of officers took place at this meeting to serve for the ensuing year. There was a large attendance of members and a very delightful time was had by those present.

In the evening the Alumni Association held its annual Reunion Dinner at the Bellevue-Stratford Hotel, at 6:30 o'clock. Dr. L. T. Ashcraft acted as toastmaster and among the many noted speakers were: Hon. George B. Orlady, of the Superior Court of Pennsylvania; Mr. H. C. Murray, Secretary of the Graduate Council of Princeton University; Mr. Martin G. Brumbaugh, Superintendent of Public Education, and Dr. D. P. Gerberich, President of the Alumni Association. The attendance at this dinner broke all previous records, and the event was the largest and most successful ever held. The committee in charge was as follows: Dr. J. D. Elliott, chairman; Dr. J. A. Fisher and Dr. H. P. Leopold.

The Class of 1904, of Hahnemann Medical College, of Philadelphia held its Tenth Anniversary on June 3, 1914, and celebrated the event by a sail on the Delaware in the private yacht of Dr. Nelson Hammond and Dr. G. Harlan Wells, who donated the use of the same to the members of the class. An informal Ditch Supper was served in the Club House, at Essington, and at which Dr. Nelson Hammond and Dr. G. Harlan Wells were hosts at the Club. The affair was a delightful one and was thoroughly enjoyed by all present.

The Class of 1909 of Hahnemann Medical College held its reunion banquet at the Hotel Walton, on June 3, 1914, at which Dr. W. H. Bennet, of Holmesburg, acted as toastmaster, and Dr. Wm. J. Lynch and Dr. E. A. Steinhelber managed the reunion in a very able manner anl which proved a very enjoyable affair.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, on Thursday, May 14, 1914, at 8:30 P. M. The scientific program consisted of the following:

"Homœopathy in General Surgical Practice," H. L. Northrop, M. D.

"Homœopathy in Eye, Ear, Nose and Throat Work," G. W. McKenzie, M. D.

"Homœopathy in Gynæcological Practice," Norman Betts, M. D.

"Homœopathy in Skin Diseases," E. M. Gramm, M. D.

"Homœopathy in Nervous and Mental Diseases," Weston D. Bayley, M. D.

"Homœopathy in Pediatrics," C. S. Raue, M. D.

"Homœopathy in Obstetrical Practice," J. E. James, M. D.

"Homœopathy as Viewed by a Pathologist," S. W. Sappington, M. D.

"Homœopathy in Genito-Urinary Diseases," L. T. Ashcraft, M. D.

Keen interest was shown at this meeting by a large number of members present.

WM. N. SYLVIS, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, April 15, 1914, at 9 P. M., at the Germantown Cricket Club. Dr. H. P. Leopold presented a very interesting paper, which was thoroughly enjoyed by all present. A delightful time was had by a large number of members presnt.

W. C. MERCER, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College,

on Saturday evening, May 15, 1914. Those taking part in the scientific program were as follows:

"Calcareous Degeneration of the Eyelids," F. O. Nagle, M. D.

"The X-Ray Diagnosis of Gastric and Duodenal Ulcer," J. W. Frank, M. D.

"Two Interesting Polographs," W. C. Hunsicker, M. D.

The meeting was an interesting one and was well attended.

B. K. FLETCHER, M. D., *Secretary.*

The Society of Surgery, Gynæcology and Obstetrics held its regular monthly meeting at Hahnemann College, on Wednesday, May 27, 1914, at 8:30 P. M. The scientific program consisted of the following:

"Some Experiments with Radium," F. C. Benson, Jr., M. D.

"Surgical Hodge-Podge" (lantern demonstrations), H. L. Northrop, M. D.

Several interesting clinical cases were reported, after which the election of officers took place. The meeting was largely attended and much interest shown in the same.

J. N. KENWORTHY, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held it regular monthy meeting at the "Majestic Hotel," Broad and Girard avenue, on Monday, the 18th of May, 1914, at 9 P. M. Dr. Clarence Bartlett read a very interesting paper, the title of which was "Some Remarks on Abdominal Affections," and which was thoroughly enjoyed by a arge number present.

L. W. THOMPSON, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting on Wednesday evening, May 20, 1914, at 9 P. M., at Hahnemann Medical College. Many interesting topics were discussed at this meeting. There was a full attendance of members and the meeting was an interesting one.

W. C. MERCER, M. D., *Secretary.*

The Oxford Medical Club of Philadelphia, Pa., held its regular monthly meeting on the evening of June 5th, 1914. A paper, entitled "The Evolution of Sanitation," was read by the host of the Club, Dr. Edward M. Gramm, after which a hearty discussion took place. The usual repast, which was served, was thoroughly enjoyed by a large number of members who were present.

C. W. SIMMONS, M. D., *Secretary.*

The Woman's Homœopathic Medical Club of Philadelphia, Pa., held its regular monthly meeting at the home of Doctor Mary Branson, 1504 Locust street, at 8:30 P. M. Dr. I. V. Reel read a very interesting paper and was well presented, after which Dr. M. Branson read a very interesting report of a case of Hysteria. Great interest was shown at this meeting by a large number present.

V. REEL, M. D., *Secretary.*

The Delaware County Homœopathic Medical Society held its regular monthly meeting at the Crozer Hospital, on Thursday, May 14, 1914, at 3:30 P. M. Dr. Ernest L. Clark read a paper on "Acute Heart Conditions," which was highly interesting and enjoyed by all present. The election of officers took place at this meeting, which was attended by a large number of members.

G. C. WEBSTER, M. D.D, *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Doctor L. B. Pierce, 5661 Beacon street, Pittsburgh, Pa., on Thursday, June 4, 1914, at 8 P. M. Dr. Walker read a paper on "Children's Diseases of the Liver, Spleen and Pancreas," and which proved a very interesting feature of the meeting.

L. B. PIERCE, M. D. *Secretary.*

PERSONALS.

Mr. and Mrs. Henry W. Shaffer announce the marriage of their daughter, Bessie, to Dr. George William Krick, on Thursday, May 28th, 1914, at noon, at Emanuel's Reformed church, Hazleton, Pa.

At home after July 1st, Reading, Pa.

OBITUARY.

Dr. L. M. Baker.

Lynn, Mass., May 26, æt. 45. Boston University School of Medicine, 1894.

Dr. T. E. Enloe.

Nashville, Tenn., May 26, 1869. An allopathic graduate, but a practitioner of Homœopathy.

Dr. Eli R. Tullis.

Camden, N. J., June 12, æt. 77. Hahnemann Medical College, Philadelphia, 1879.

Dr. Geo. F. Roberts.

St. Paul, æt. 66, March 20, 1914. New York Homœopathic College, 1871.

Vaccines.

J. A. Lyon notes that mixed infectiou is usually present in progressive pulmonary tuberculosis and its complications. Therefore, the use of appropriate vaccines is essential, either before the administration of Tuberculin or conjointly with the latter. In many catarrhal cases great benefit is derived from polyvalent colon vaccine, or where this fails, an autogenous one made from the colon bacillus found in the fæces. In the later stages of tuberculosis or in toxemic cases, the purified tuberculin, if given in appropriate doses and under due precautions, is a useful adjunct to sanatorium treatment. The improvement in the general condition, due to the checking of the intercurrent infection, enables the Tuberculin to act favorably upon processes which, had the concomitant bacteria been disregarded, would certainly be more refractory, if amenable at all.—*Med. Rec.*, Aug. 17, 1912.

Arsenicum.

Arsenicum and Mercurius corrosivus are two remedies which in their symptomatology very closely resemble parenchymatous nephritis. A study of the provings and observation upon cases of poisoning will bear out this statement. The cause of death in persons poisoned with corrosive sublimate is always a parenchymatous nephritis. Plumbum produces a perfect picture of the interstitial type of nephritis. Cases of chronic lead poisoning show pathological changes in the kidney closely, if not exactly, resembling those found in interstitial nephritis. Plumbum also has an action upon the blood vessels producing more or less of a sclerosis. In the treatment of nephritis it is important that an exact diagnosis be made. The prescribing of Plumbum for a parenchymatous nephritis would be worse than useless, and the giving of either Arsenicum or Mercurius corrosivus to a case of interstitial nephritis would be equally wrong. In the treatment of several cases of parenchymatous nephritis I am sure that the disease has been held in check by the use of either Arsenicum or Mercurius corrosivus. I do not see that it makes much difference which remedy is used; sometimes the disease has been held in check for a long time by giving these two remedies in alternation, but this was not resorted to until each one given alone proved of little benefit. One case, a boy, aged 19, suffered with parenchymatous nephritis for several years. The disease in this case followed an attack of scarlet fever. Treatment of all kinds showed no improvement until Arsenicum and Mercurius corrosivus were given in alternation. The daily percentage of album, before this treatment was instituted, kept increasing, but after this prescription was taken the amount of albumin did not increase, and at times is lower than it had been any time before.

Likewise Plumbum has, I am sure, prevented the symptoms of interstitial nephritis from increasing in severity. This form of nephritis has proving by estimating the quantity of albumin very little albumin in the urine, and, in fact, at times albumin may be entirely absent. Conse- in the urine. There are other symptoms, however, whereby it can be seen whether or not the remedy is acting in a favorable manner. I have seen the headaches, profuse amount of urine, and the general condition of the patient materially improved by prescribing Plumbum. If in connection with the nephritis, there is an associated arterio-sclerosis the remedy is all the more indicated. There is no remedy or system of treatment which will cure advanced stages of any variety of nephritis, but the careful prescribing of the indicated remedy will do more in the way of lengthening the life of these patients than anything else.—*A. E. Hinsdale.*

Vaccines.

I believe that nothing aside from a properly prepared autogenous vaccine will cure gleet. Astringents, passing of sounds and internal remedies may "cure" the condition to the satisfaction of the ordinary patient, but the disease still remains in a dormant state. The expense attendant upon the proper treatment prevents many from receiving the attention which they should get. In obtaining material from which to make the vaccine the prostate gland should be massaged and the fluid, which will soon issue from the urethra, is caught in a sterilized container, and the vaccine prepared from the organism therein contained. After the vaccine has been used so that to all intents and purposes the patient is "cured" a complement fixation test should be made from a blood examination. Only a very few physicians are qualified for this work. As ordinarily treated, without the use of vaccine, the patient may be "clinically cured but not pathologically cured." When, after the vaccine treatment, the blood gives a genuine negative fixation test the patient may be assured that he is genuinely and completely cured.—*A. E. Hinsdale.*

Thiosinamine.

With a fine tenotomy knife, multiple incisions not more than 1/10 inch apart are made in the scar tissue. However, care is taken that the cuts penetrate, not only into the subcutaneous fat, but that they extend into the surrounding healthy skin. No attempt is made to arrest the hæmorrhage except by pressure. When bleeding has ceased, a solution of Thiosinamine is rubbed in vigorously, and if the scar tissue is very thick a few drops are injected into the most prominent bands. Tubby injects as high as 15 minims at a time in the case of children, and 20 minims in adults. After the operation, the part is put in a splint, as much extended as possible, and healing is allowed to go on. There is no extensive reaction and very little pain. After 10 to 14 days, the wound will be healed, while the mobility of the part is increased by at least 50 per cent. If necessary, the procedure may be repeated two or even three times if thought desirable. The result is most satisfactory, scars which have been tough, resistant and wire-like having become soft and supple and the part restored to a condition of usefulness.—*B. M. J.*, Nov. 1, 1913, p. 1128. *Clinical Medicine.*

One of the interesting things among the exhibits at the meeting of the American Institute of Homœopathy at Atlantic City recently was the little collapsible drinking cup given away by Boericke & Tafel at their exhibit of homœopathic medicines and medicine cases and books. It was much appreciated by the returning travelers.